

ART. VI.—*Case of Osteo-sarcoma of the Lower Jaw—Excision—Cure.*

By JOSEPH P. JERVEY, M. D., of Charleston, S. C. [With a wood-cut.]

IN November, 1842, Mr. M. called upon me to request an examination of his servant George's face. There was no hesitation in pronouncing the case to be one of osteo-sarcoma of the inferior jaw on the right side; the tumour was, at that time, not larger than a common hen's egg. I advised an immediate operation for the removal of the diseased portion of the jaw, but in consequence of the unwillingness of the patient to suffer the pain, his master very properly yielded to his repugnance. In December, 1843, Mr. M. again called and stated that George was anxious to be operated upon in consequence of the great pain he had lately suffered, from having accidentally received a blow upon the tumour, which had increased, during the interval, to at least double its former size, extending upwards and in front so far as to force the cartilaginous portion of the nose out of the straight line, and curve it over towards the left side of the face. He was accordingly brought to town, and on the 4th January, 1844, I proceeded to operate, assisted by several of my professional friends, in the presence of the class then attending the lectures in the Medical College of the State of South Carolina.



I commenced by making a free incision from the angle of the mouth on the right side directly down to the inferior border of the lower jaw, thence along the edge of the bone to a little above, and in front of the meatus auditorius externus. Having carefully dissected up the whole of the right cheek, which by the way, was the most tedious portion of the operation, the exceeding vascularity of the tumour rendering it necessary to tie some vessel at almost every stroke of the knife, I divided the bone at the chin, and again above the angle of the jaw, removing the portion between these points with which the tumour was connected.

The patient was on the table rather less than three quarters of an hour, by far the greater portion of which time, however, had been expended upon the

bleeding vessels peculiar to the tumour. There was great prostration from loss of blood, and very slight reaction when dressed about three hours after the operation. In dressing the patient I made use of a silver plate, which had been carefully moulded so as to form an exact receptacle for the teeth of the upper and lower jaw of the left side, leaving a small space between the jaws through which food, &c. might be introduced. This plate has been of very great service, as the lower jaw is now in its natural position, instead of being sunken and drawn to one side, which must have occurred without this support.

*January 5th.* Took brandy freely during the night, and with the assistance of opium passed a comparatively comfortable time. Reaction pretty well established.

Continued to improve until the 7th, when he complained of some uneasiness in the throat, and of having had a sleepless night.

*8th.* Difficulty of swallowing much increased, and great complaint made of pain in the throat. Upon removing the dressings (for the first time) the wound was found to be disposed to heal throughout its whole extent, and the interior of the mouth was suppurating, and of a healthy appearance.

On the 10th removed the pin from the angle of the mouth, and the stitches from the wound, which looked well. Great complaint of the throat still, and difficulty in swallowing.

No material change occurred until the 14th, when, upon visiting my patient, I was surprised to find a great improvement in his speech; he expressed himself as "feeling like a new man." Upon examination I discovered that an abscess had opened in the throat during the preceding night, and had discharged freely, and he was immediately relieved from all pain and difficulty of swallowing.

Complained on the 20th of great pain in the legs, which was followed on the 21st by a dropsical swelling of the legs and feet, extending on the 22d to the trunk, the belly being much distended. The dropsical swelling continued variable until the 1st February, when the patient was carried to his master's plantation, in the neighbourhood of the city, with directions to continue the same remedial course which had been employed during his stay in the city.

On the 16th February I visited George, and saw a very marked improvement in every respect.

I again saw him on the 9th March, and found that he had voluntarily gone to work. The swelling on the right side of the face has almost entirely disappeared, and upon examining the mouth I traced a deposit, sufficiently firm to resist the pressure of the finger, uniting the divided ends of the jaw bone, and filling the space formerly occupied by the bone.